

**IDAHO STATE BOARD OF VETERINARY MEDICINE  
APPLICATION FOR CONVERSION TO ACTIVE STATUS**

Return completed form with the appropriate fee(s) to:  
Idaho State Board of Veterinary Medicine  
P. O. Box 7249, Boise, ID 83707

For Information Call: (208) 332-8588 or Idaho Relay Service:  
1-800-377-3529, for Services for the Hearing Impaired Individuals

**MAKE CHECKS PAYABLE TO THE IDAHO BOARD OF VETERINARY MEDICINE**

<i>Fees for conversion of inactive license to active</i>	
License renewal fee:	\$175
Reactivation fee:	\$150
<b>TOTAL:</b>	<b>\$325</b>

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**I. APPLICANT IDENTIFICATION INFORMATION:**

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

**Social Security No.: (Required I. C., §73-122)** \_\_\_\_\_

The Idaho State Board of Veterinary Medicine is authorized to use your social security number as its primary means of identification for record-keeping purposes only. Your social security number and other personal information pertaining to your ability to hold a veterinary license in the state of Idaho will be provided to the American Association of Veterinary State Boards for the same purpose. Your social security number will be provided to the state of Idaho Department of Health and Welfare, Bureau of Child Support Services, to assist in the identification of persons who are more than 90 days or \$2,000 delinquent in complying with a child support order. This information shall not be disseminated further except as required under federal or state statutes.

Permanent Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Maiden, Given Surname, or Any Name(s) under which supporting documents will be submitted: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Place of birth (City, State/Country): \_\_\_\_\_

Email Address: \_\_\_\_\_

**II. RECORD OF LICENSURE INFORMATION:**

Directions: Please complete the licensure information below and **request a verification of license in good standing** from the licensing boards in each state where you have been *actively licensed* to practice veterinary medicine since converting to inactive status or from the Veterinary Information Verifying Agency (VIVA) of the American Association of Veterinary State Boards (AAVSB). It is the duty of each applicant converting his or her Idaho license to "Active" status to make inquiry of the individual licensing boards regarding the status of his or her license in that state before having the board or VIVA respond to the questions below. Ignorance of a license status will not constitute an excuse for incorrect information. In addition, failure to disclose all licenses held may result in denial of your application

*(Continue to page 2)*

State of Licensure: \_\_\_\_\_ License No. \_\_\_\_\_ Date Issued: \_\_\_\_\_  
License Status: (Active, Lapsed, Surrendered, Unrestricted, In Good Standing, etc. If license is not active, unrestricted and in good standing, please provide explanation on separate sheet of paper.

State of Licensure: \_\_\_\_\_ License No. \_\_\_\_\_ Date Issued: \_\_\_\_\_  
License Status: (Active, Lapsed, Surrendered, Unrestricted, In Good Standing, etc. If license is not active, unrestricted and in good standing, please provide explanation on separate sheet of paper.

State of Licensure: \_\_\_\_\_ License No. \_\_\_\_\_ Date Issued: \_\_\_\_\_  
License Status: (Active, Lapsed, Surrendered, Unrestricted, In Good Standing, etc. If license is not active, unrestricted and in good standing, please provide explanation on separate sheet of paper.

State of Licensure: \_\_\_\_\_ License No. \_\_\_\_\_ Date Issued: \_\_\_\_\_  
License Status: (Active, Lapsed, Surrendered, Unrestricted, In Good Standing, etc. If license is not active, unrestricted and in good standing, please provide explanation on separate sheet of paper.

States of Licensure: \_\_\_\_\_ License No. \_\_\_\_\_ Date Issued: \_\_\_\_\_  
License Status: (Active, Lapsed, Surrendered, Unrestricted, In Good Standing, etc. If license is not active, unrestricted and in good standing, please provide explanation on separate sheet of paper.

### III. PERSONAL HISTORY INFORMATION/CHARACTER:

Directions: Please answer each of the following questions by putting a check (✓) in the appropriate box on the right. “Yes” answers must be fully explained in a separate signed and notarized affidavit. (Note: Copies of any documents that identify the circumstances or contain an order, agreement or other disposition, may be required to process this application.) It is the duty of each applicant converting his or her Idaho license to “Active” status to make inquiry of the individual licensing boards regarding the status of his or her license in that state before having the board or VIVA respond to the questions below and to notify the Board of any pending disciplinary action prior to the issuance of his/her Idaho veterinary license. Ignorance of a license status will not constitute an excuse for incorrect information. In addition, failure to disclose all licenses held may result in denial of your application to convert your inactive Idaho license to “Active” status or other appropriate action.

#### *Since Converting To Inactive Status ....*

1. Has any licensing authority ever denied your application for a veterinary license? Yes  No
2. Have you ever been denied the privilege of taking an examination required for any professional licensure? Yes  No
3. Have you voluntarily surrendered your veterinary license, allowed it to lapse, or had a limited or probationary license issued by any veterinary licensing authority? Yes  No
4. Has your veterinary license been revoked or have you ever been the subject of disciplinary action by any veterinary licensing agency? Yes  No
5. Have you voluntarily surrendered any other professional license, allowed it to lapse, or had a limited or probationary license issued by any licensing authority? Yes  No
6. Have you ever had a registration issued by a controlled substance authority revoked, suspended, surrendered, limited, placed on probation or restricted? Yes  No
7. Have you voluntarily surrendered a registration issued by a controlled substance authority? Yes  No
8. Has your application for accreditation by the U. S. Department of Agriculture been denied? Yes  No

9. Has USDA disciplined your certification of accreditation or have you voluntarily surrendered it, allowed it to lapse, or had a limited or probationary certificate of accreditation issued by the USDA? Yes  No
10. Is there any disciplinary action pending against you by any licensing jurisdiction, the USDA, Drug Enforcement Agency, or any state drug enforcement authority? If "yes" where and when? Yes  No
11. Have you been charged with or convicted of a felony or any other criminal act, including a nolo contendere plea or guilty plea in any state or in federal court whether or not sentence was imposed or suspended? Yes  No
12. Have you been charged with or convicted of animal abuse, including a nolo contendere plea or guilty plea, whether or not sentence was imposed or suspended? Yes  No
13. Have you been charged with or convicted of a violation of any federal or state drug law(s), rule(s), or regulation(s), including a nolo contendere plea or guilty plea, whether or not sentence was imposed or suspended? Yes  No
14. Are you addicted to or do you use in excess any drug or chemical substance including alcohol? Yes  No
15. Are you now being treated or have you in the last five (5) years been treated in a drug or alcohol rehabilitation program? Yes  No
16. Have you had or do you now have any disease or condition that interferes with your ability to competently and safely perform essential functions related to the practice of veterinary medicine, including any disease or condition generally regarded as chronic by the medical community, i.e. (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; (3) physical disease or condition, that presently interferes with your ability to competently and safely practice veterinary medicine? If yes, attach a detailed explanation. Yes  No

#### IV. CHILD SUPPORT INFORMATION:

In accordance with Title 73, Chapter 1 and Title 7, Chapter 14, Idaho Code, applications for renewal of a license or a new license shall include the applicant's social security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than ninety (90) days or two thousand dollars (\$2,000) delinquent in complying with a child support order. Failure to certify may result in disciplinary action, and making a false statement may subject the licensee to contempt of court.

One of the following must be checked:

- I am not more than 90 days or \$2,000 delinquent in complying with a child support order.
- I am more than 90 days or \$2,000 delinquent in complying with a child support order.
- I am not currently under any child support order.

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Signature

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Date

**V. AFFIDAVIT OF CONTINUING EDUCATION**

Board Rule IDAPA 46.01.01.012.02, License Renewal/Return to Active Status, requires a minimum of twenty (20) credit hours of accredited continuing veterinary education in the two (2) fiscal years (July 1 to June 30) immediately preceding application for activation of an “inactive” license. A maximum of six (6) hours in practice management credits may be submitted, but no management credits are necessary. (Attach additional sheets if necessary)

Name of Course or Program:	Date(s):	Provider & Location of Course	Credit Hours: (Medicine & Management)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**V. NOTARIZED AFFIDAVIT**

“I, \_\_\_\_\_, being first duly sworn, depose and state: That by virtue of filing this application to convert my Idaho license to “Active” status, I do solemnly swear or affirm that I am of good moral character, and that I understand the instructions and terms as set forth in this application form, that I have personally completed this form, and that the information given in this application is true, correct, and complete to the best of my knowledge. I hereby authorize the Idaho State Board of Veterinary Medicine to verify any and all information contained in this application, including information maintained in applicable data banks, and to transmit this information to the licensing authority of the state to which this application is made. I authorize the licensing authority of the state where application is submitted to review state files pertaining to my licensure and practice, and law enforcement and court documents to confirm the accuracy and completeness of the information provided herein. This application and signature shall act as authorization for entities in possession of applicable information to release such information to the licensing authority. Under penalties of perjury, I do hereby attest that the preceding information in this form is true and correct.”

“Under penalty of perjury, I do hereby attest that the preceding information on this form is true and correct. A false statement on any part of this form may be grounds for disciplinary action as set forth by Chapter 21, Title 54 Idaho Code and may be punished by fine or imprisonment (U.S. Code, Title 18, Section 1001).”

Date \_\_\_\_\_ Signature of applicant \_\_\_\_\_



Notary Signature \_\_\_\_\_

Notary Public for the State of \_\_\_\_\_ County of \_\_\_\_\_

Residing At \_\_\_\_\_

My Commission Expires \_\_\_\_\_